Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of	Service Provider: State	University of West
Alternative Name(s) provider is doing bu) of Service Provider (includ Isiness): <u>West Georgi</u> o	ling all names under which the service 2. West Georgia College
Address of Service Pr	rovider: 1601 Maple 5	treet Carrollton, GA 3018
Name of Agent Decide	gnated to Receive ned Infringement: Robo	•
Full Address of Designation is not location)	gnated Agent to which Notificacceptable except where it is the only	ication Should be Sent (a P.O. Box
Robert Rehling Maple Street	, State University Computer Center UF	of West Georgia, 1601 Annex, Carrollton, 64 30118
Telephone Number o	f Designated Agent: 77	0-830-2271
Facsimile Number of	Designated Agent:)- 830 -DD79
Email Address of Des	ignated Agent: bgeh	ling @ westga.edu
	sentative of the Design	ating Service Provider: e: 12/3/98
Typed or Printed Name Director of In Division of Acc	formation Technologiademic Affairs, State &	hiversity of West Gorgia
Note: This Interim De Made Payable to the R	signation Must be Accompa Register of Copyrights.	nied by a \$20 Filing Fee
PM 2	RECEIVED	
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